

## HANOVER TOWNSHIP/ TUTORING SERVICES/ APPLICATION FORM

### **Section A**

Previous Tutoring      Yes ☐ No ☐ Sex    M ☐ F ☐      Date: \_\_\_\_\_  
Student's Name: \_\_\_\_\_      Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_      Town: \_\_\_\_\_  
Home Phone: \_\_\_\_\_      Parent's Work Phone \_\_\_\_\_  
School: \_\_\_\_\_      Grade: \_\_\_\_\_

### **PARENT/GUARDIAN CONSENT, AUTHORIZATION FOR RELEASE OF INFORMATION, AND AGREEMENT**

I, \_\_\_\_\_ (parent/guardian name), give my consent for my child to receive tutoring services from a certified teacher through Hanover Township Youth and Family Services. I authorize the teacher-tutor and my child's school teacher to exchange information about my child's academic progress for the purpose of planning and coordinating the tutoring plan.

As a condition for my child to receive tutoring services, I agree to attend one Orientation Meeting from 7:00 to 8:00 PM on Monday or Thursday and agree to remain in the Township building during my child's tutoring sessions throughout the entire semester.

Registering for Tutoring Services gives Hanover Township Youth and Family Services the authorization to use photos and videos for promotional purposes.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **Section B (for teachers only)**

Teacher's Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
School Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
*E-Mail Address\** \_\_\_\_\_ Phone #: \_\_\_\_\_

Specific subject area(s) in need of tutoring:

\_\_\_\_\_  
\_\_\_\_\_

Specific skill(s) in need of tutoring:

\_\_\_\_\_  
\_\_\_\_\_

Any special services/resources provided to the student by the

\_\_\_\_\_  
\_\_\_\_\_

*\*EMAIL ADDRESS WILL BE USED TO SEND ADDITIONAL INFO WHEN APPLICABLE*